
COLORADO
Department of Human Services

# A Profile of the State of Colorado's Care and Treatment of People with Mental Illness: Title 27, Article 65 (C.R.S. 27-65-101 et seq.)

FY2015

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## EXECUTIVE SUMMARY

### Background

The Colorado Department of Human Services, Office of Behavioral Health's (the Office) produces an annual report of the rights-restricted procedures involving individuals with mental illness as outlined in C.R.S. 27-65-101 et seq. (Care and Treatment of Persons with Mental Illness) legislation (hereinafter 27-65). The 27-65 legislation provides rules and regulations regarding limiting the rights of individuals with mental illness in the State of Colorado. This legislation was originally adopted in 1977; however, in the 2010 legislative session, SB 10-175 (Concerning the Relocation of Provisions Relating to Behavioral Health) changed the location of these statues to C.R.S. 27-65-101.

The Office is responsible for creation of a procedural manual, collecting data about and evaluating compliance with the 27-65 statutes, rules, and regulations. In addition, the Office is also responsible for investigating all 27-65 complaints. The data in this report are for procedures that occurred during State Fiscal Year 2015 (July 1, 2014 – June 30, 2015) in 71 designated facilities.

### Procedures

A standardized data collection tool was distributed to all 27-65 designated facilities (N=71) to collect the data over the course of FY2015. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Designated facilities can include the following:

- Hospitals
- Acute Treatment Units (ATU)
- Crisis Stabilization Unit (CSU) with Colorado Crisis Services
- Residential Child Care Facility (RCCF)
- Community Mental Health Center (CMHC)

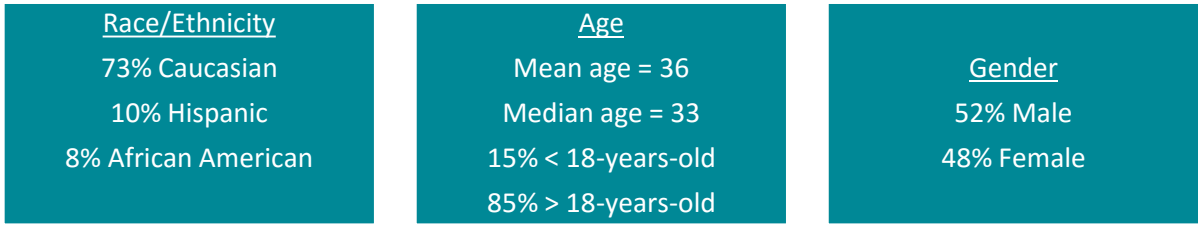
Starting in FY2015, the Office included an analysis of rights-restricted procedures by facility type (i.e., Hospital, CMHC). See Appendix A for a list of designated facilities.

Some data submissions included missing elements, typically due to technical or documentation issues (e.g., facility databases not collecting certain data points or a facility's inability to transfer data from their database to the data collection tool) and confusion regarding data definitions (e.g., deprivation of right versus rights restriction).

## Results

During FY2015, a total of 58,626 reported instances of 27-65 procedures occurred across the State of Colorado, which represents an 10% decrease over FY2014 (N=65,662). There were 71 designated facilities in FY2015 compared to 66 facilities in FY2014. Figure 1, found below, provides demographics of individuals involved in 27-65 procedures in FY2015. Please note these data include all individuals, including those receiving more than one involuntary procedure during the fiscal year.

Figure 1. Population Profile of All 27-65 Procedures, FY2015




The 27-65 procedures in Colorado included 72-hour holds (N=32,259), Certifications of all types (N=3,280), voluntary admissions (N=4,480) and court-ordered evaluations (N=40). The client characteristics across these procedures were similar to FY2014: individuals were mostly Caucasians, there was an even distribution between men and women, and the average age was mid-thirties. The most frequently reported reasons for individuals requiring a rights-restriction procedure were "Dangerous to Self" and "Gravely Disabled."

Involuntary medications (N=3,839) and electroconvulsive therapy (ECT) (N=6,065) were the next most frequently reported procedures. Clients utilizing ECT procedures were more often females (61%), and slightly older individuals (the average age for ECT was 50).

The least reported rights-restriction procedures included seclusion/restraint (N=7,531), and court-ordered imposition of legal disability (ILD)/deprivation of right (DOR). While the majority of clients were Caucasian, male clients were represented more than females (60-70%) and the average age of clients was lower than the overall mean age between late twenties and early thirties. ILD/DOR reporting was so sparse (N=15) that demographic information was not reviewed.

## Recommendations

To improve the data management process and improve the integrity of 27-65 data in the future, the following are recommended:

1. Enhance collaboration and communication with facilities in order to assist in understanding data variables.
2. Obtain feedback from facilities about the data collection template to improve the tool and data collection.

3. Clarify criteria for inclusion of data from facilities.
4. Review the type of data submitted to ensure that the data submitted meets the planning needs of the state.

**Summary**

This report reflects a number of successes, challenges, and areas for growth. Data management, including collection, analysis and reporting has continued to improve year-to-year with the help of facility feedback and collaboration. Training webinars help facilities understand the data reporting process and allow for enhanced communication and collaboration between 27-65 designated facilities and the Office.

The Office will work to improve the data quality from facilities and provide the technical support facilities needed. Next year will feature a further refined data collection tool to improve data quality, training webinars to assist with the process at designated facilities, technical support for any issues with the data reporting process, and evaluate the data needed for state planning needs.

**A Profile of the State of Colorado's Care and Treatment of People with Mental Illness: Title 27, Article 65 (C.R.S. 27-65-101 et seq.)**

**FY2015**

## Introduction

The Colorado Department of Human Services, Office of Behavioral Health's (the Office) produces and annual report of the rights-restricted procedures involving individuals with mental illness as outlined in C.R.S. 27-65-101 et seq. (Care and Treatment of Persons with Mental Illness) legislation (referred to throughout as 27-65). The 27-65 legislation provides rules and regulations regarding limiting the rights of individuals with mental illness in the State of Colorado. This legislation was originally adopted in 1977; however, in the 2010 legislative session, SB 10-175 (Concerning the Relocation of Provisions Relating to Behavioral Health) changed the location of these statues to C.R.S. 27-65-101.

The CDHS Office of Behavioral Health is responsible for collecting data about and evaluating compliance with the 27-65 statutes, rules and regulations, and procedural manual, and has the responsibility of investigating all 27-65 complaints.

The data in this report are for procedures that took place during State Fiscal Year 2015 (July 1, 2013 – June 30, 2014) in 66 designated facilities. Data reporting on 27-65 procedures is important for several reasons:

1. Legislation specifically requires that certain data be collected (i.e., number of procedures on involuntary clients, client demographic information).
2. The federal government makes requests for 27-65 data on a regular basis.
3. Data reporting provides important information as the Office's regulatory staff work to ensure client safety and treatment quality, which is especially important given the sensitive nature of these procedures.
4. The Office desires to understand the use of rights-restriction procedures in Colorado, as well as an overall picture of the people receiving those services.

To be qualified to perform 27-65 rights-restrictions, facilities must apply for licensure to the Colorado Department of Public Health and Environment (CDPHE) and subsequently obtain approval and designation through the Colorado Department of Human Services (CDHS). Facilities submit a formal application to CDHS via the Office. Approved facilities must reapply every two years for designation and participate in an annual on-site review for compliance.

The 27-65 rights-restrictions procedures addressed in this report include the following:

- 27-65-105 Emergency Procedures: Facilities that are designated to 'hold' a client for 72 hours if they pose an "imminent danger" to themselves or others or are gravely disabled.

- 27-65-107,108 and 109 Short- and Long-term Treatment: Short-term treatment (three months); Extension of Short term treatment (an additional three months after original three months); Long-term treatment (six months, after original Short-term and Extension of Short-term); Extension of Long-term (an additional six months). A court-ordered certification allows a designated facility to hold and treat persons with mental illness on an involuntary basis.

- 27-65-103 Voluntary Application for Mental Health Services: Any person can make a voluntary request at any time to any public or private facility or mental health professional for mental health services, either by direct admission in person or by referral from any other public or private facility or professional person.

- 21.280.33 Involuntary psychiatric medications: Designated facilities are authorized to administer psychiatric medication without a person's consent on an emergency or court-ordered basis if the individual meets specified criteria.

- 21.280.4 Seclusion: Individuals being detained under section 27-65-105 through 109 C.R.S may be secluded or restrained over their objection under this section.

  Seclusion: The confinement of a person alone in a room from which egress is prevented. Seclusion does not include the placement of patients, who are assigned to an intake unit in a secure treatment facility or in locked rooms during sleeping hours.

  Restraint: There are two types of restraint- mechanical and physical. Mechanical Restraint means a physical device used to involuntarily restrict the movement of an individual or the movement or normal function of a portion of his or her body. Types of mechanical restraints include, but are not limited to: restraint sheets, camisoles, belts attached to cuffs, leather armlets, restraint chairs, and shackles. Physical restraint means the use of bodily, physical force to involuntarily limit an individual's freedom of movement, except that "physical restraint" does not include the holding of a child by one adult for the purpose of calming or comforting the child.

- 21.280.51 Therapy or Treatment Using Special Procedures: Electroconvulsive Therapy - Electroshock Therapy (ECT/EST) is the passage of electrical current through a patient's head in a voltage sufficient to induce a seizure.

- 27-65-127 C.R.S. Imposition of legal disability or deprivation of rights: If a person has a mental illness, and is a danger to himself or others, or is gravely disabled or insane, as defined in Section 16-8-101 C.R.S., and is not subject to a 72-hour hold or short-term certification, any interested person may petition the court in the county where the person lives (Form M-23) to request that a

specific legal right be deprived, or a specific legal disability be imposed. A court or jury must find both that the person has a mental illness and is a danger to self or others or is gravely disabled and that the loss of a right is both necessary and desirable. The burden of proof is on the person seeking to have an imposition placed on another person to meet the above requirements by clear and convincing evidence. The deprivation of a right or imposition of a legal disability lasts six (6) months and can be reaffirmed for another six (6) months if that is justified.

**Procedures**

A standardized data collection tool was distributed to all 27-65 designated facilities (N=71) to collect their data over the course of FY2015. Completed data were returned to the Office on a quarterly or annual basis by the facilities via encrypted or secure email. Designated facilities can include the following:

- Hospitals
- Acute Treatment Units (ATU)
- Crisis Stabilization Unit (CSU) with Colorado Crisis Services
- Residential Child Care Facility (RCCF)
- Community Mental Health Center (CMHC)

Starting in FY2015, the Office included an analysis of rights-restricted procedures by facility type (i.e., Hospital, CMHC). See Appendix A for a list of designated facilities.

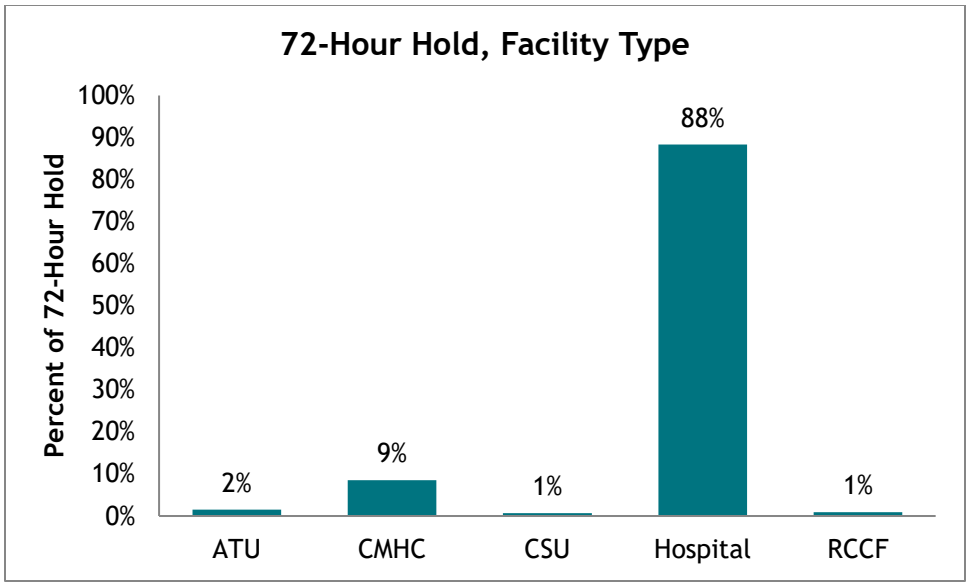
Some data submissions included missing elements, typically due to technical or documentation issues (e.g., facility databases not collecting certain data points or a facility's inability to transfer data from their database to the data collection tool) and confusion regarding data definitions (e.g., deprivation of right versus rights restriction). Overall, the Office is taking steps to improve the data provided by facilities each year.

**RESULTS: FREQUENCIES AND DEMOGRAPHICS**

Holds

There were 32,259 involuntary, 72-hour holds during FY2015; this number includes 29,591(92%) unique clients who received one or more holds in the fiscal year. Figure 2 shows the majority of holds occurred in hospital settings.

Figure 2. 72-Hour Holds by Facility Type, FY2015.




The majority of individuals subject to an involuntary hold were Caucasian (74%), followed by Hispanic (10%)[1]. One percent of clients refused to respond when asked for their ethnicity. This was the third year that "Refused" was a possible response, allowing for more accurate data collection (i.e., reducing missing data). For unique clients, "Dangerous to Self" (66%) was the primary reason for the hold, followed by "Gravely Disabled" (16%) and "Dangerous to Self and Others" (6%). Of unique clients placed on a 72-hour hold, the majority were Caucasian (74%), between the ages of 18 and 59 (74%) with a mean age of 35. For FY2016, the Office will refine the data collection tool to align with federal standards, by separating ethnicity from race and providing more options within ethnicity.

[1] Please note the data collection tool does not capture multiple racial/ethnic selections.

Figure 3 depicts the racial and ethnic distribution of unduplicated hold clients for FY2014 and FY2015.

Figure 3. Ethnic distribution of unduplicated clients requiring a 72-hour hold, FY2014/FY2015.

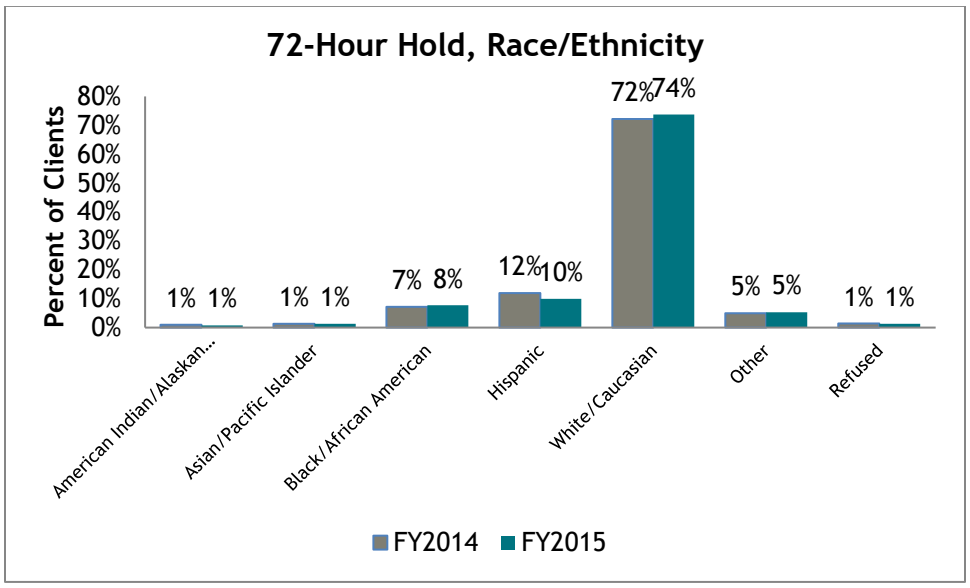
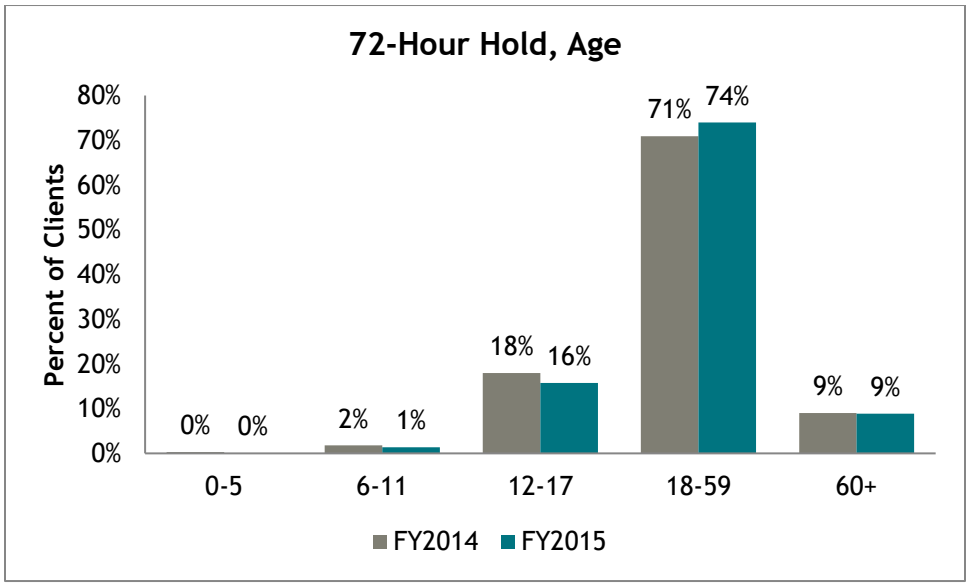



Figure 4 shows the age distribution of unduplicated clients who received an involuntary hold during FY2014 and FY2015. For FY2015, the majority of individuals were between the ages of 18 and 59 (74%) with a mean age of 35.

Figure 4. Age of unduplicated clients requiring a 72-hour hold, FY2014/FY2015.

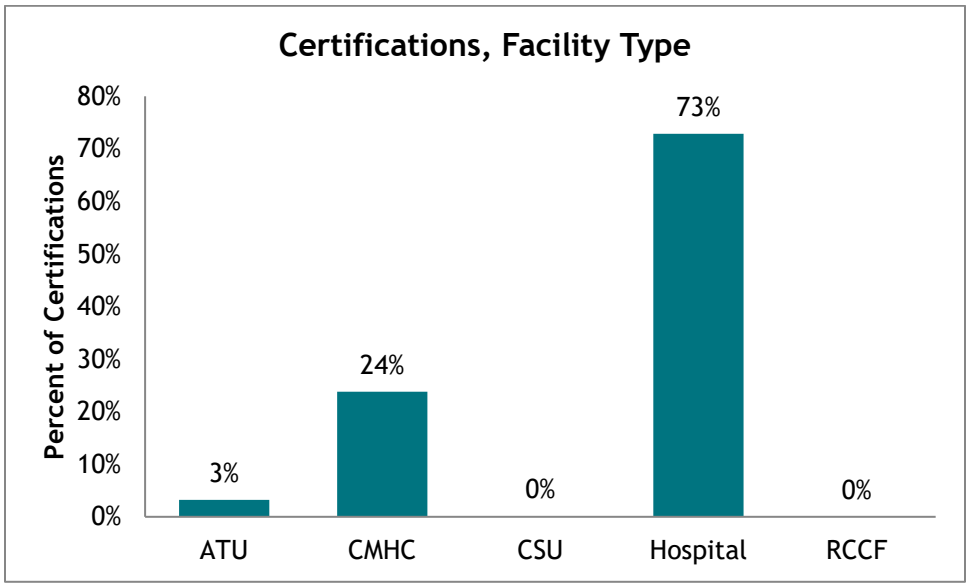


Certifications (i.e., short- or long-term treatment)
There were 3,820 certifications, including short- (n=2,175), extended short- (n=275), long- (n=646), and extended long-term (n=724). The criteria for these certifications are as follows:

- Short-term certification – cannot be more than three months
- Extended short-term certification – can last an additional three months after the initial short-term certification
- Long-term certification – cannot exceed six months after short-term and extended short-term certifications
- Extended long-term certification – can last an additional six months after long-term certification

Figure 5 shows the distribution of certifications by facility type with hospitals representing 73%.

Figure 5. Certifications by Facility Type, FY2015.




Of the 3,280 certifications, 2,880 (75%) represented unique individuals. Forty-two percent were female and 57% were male (one percent selected "Other"), and 72% were Caucasian. The majority were between the ages of 18 and 59 (76%) with an average age of 44. Refer to Figures 6 and 7 for more detailed ethnicity and age data.

Figure 6. Ethnic distribution of unduplicated clients requiring a certification, FY2014/FY2015.

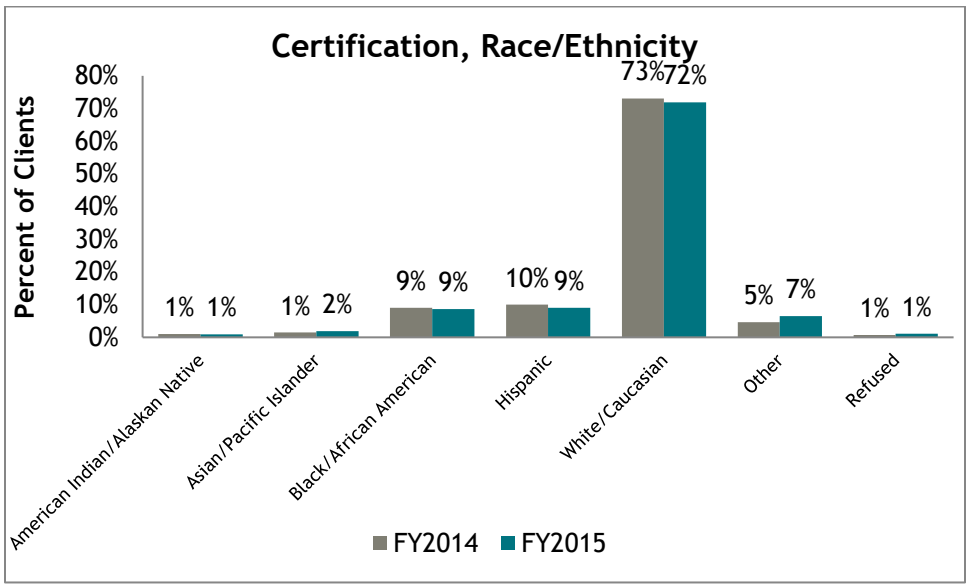
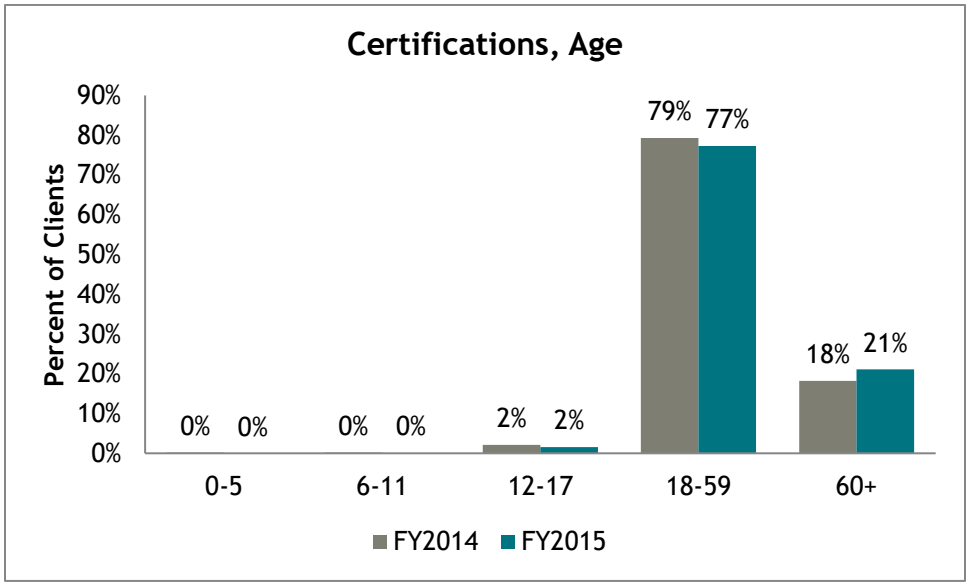


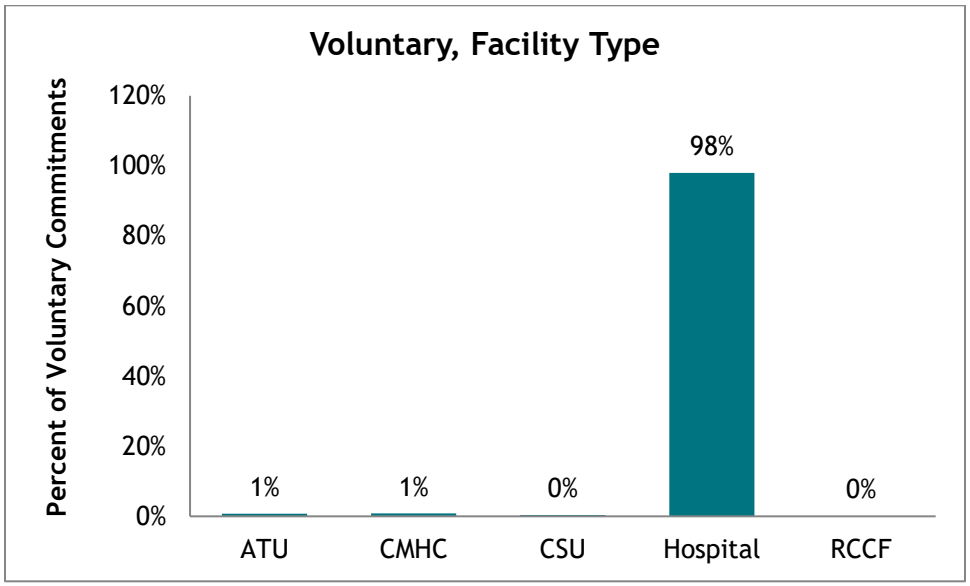

Figure 7. Age of unduplicated clients requiring certification, FY2014/FY2015.




Voluntary Admissions

During FY2015, there were 4,480 voluntary admissions; this number includes 3,916 (87%) unique clients who received one or more voluntary admissions in the fiscal year. Figure 8 provides the percentage of voluntary admissions by facility type.

Figure 8. Voluntary Admissions by Facility Type, FY2015.




The majority were Caucasian (67%); 44% were female and 56% were male. Seventy-eight percent were between the ages of 18 and 59 with an average age of 38. Refer to Figures 9 and 10 for further ethnicity and age data.

Figure 9. Ethnic distribution of unduplicated clients seeking voluntary treatment, FY2014/FY2015.

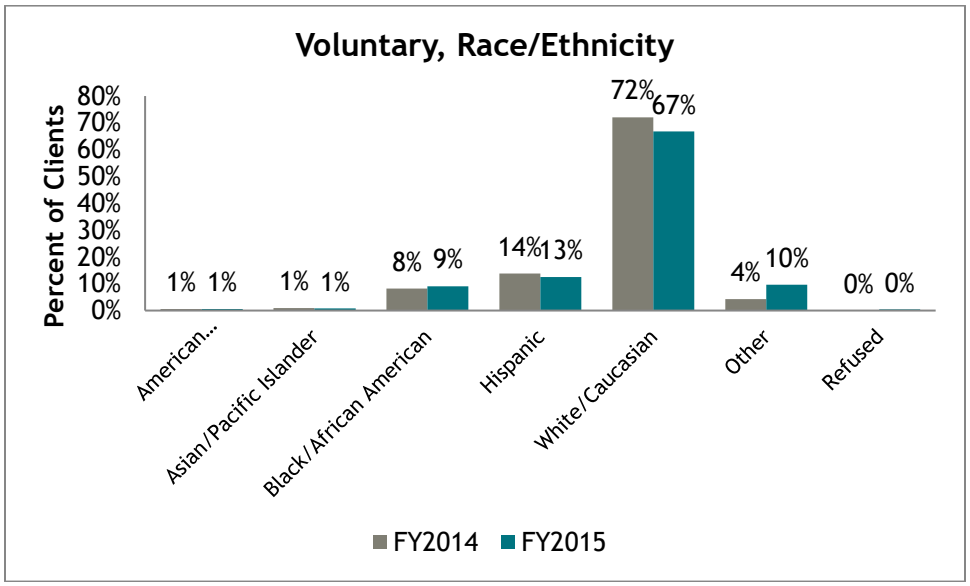
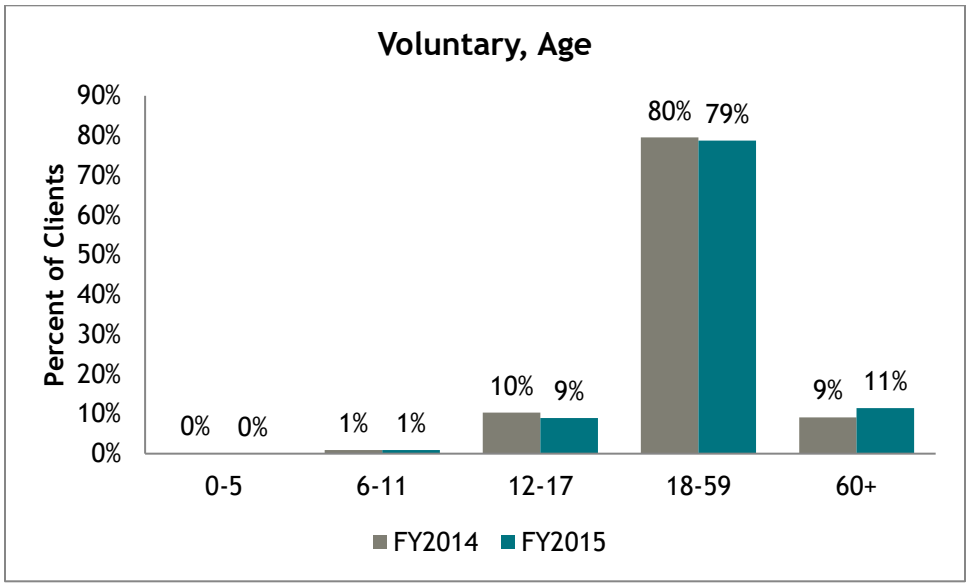


Figure 10. Age of unduplicated clients seeking voluntary treatment, FY2014/FY2015.




Court-Ordered Evaluations

There were 40 instances of court-ordered evaluations during FY2015. Due to the small number of individuals served, comprehensive demographic analyses were not conducted. However, the population remains consistent with other rights-restricted procedures with predominantly Caucasian males being served. Eighty percent of court-ordered evaluations occurred at one of the two Colorado mental health facilities.

Seclusion

The number of seclusions reported for FY2015 was 1,589 with 456 unique clients represented. This represents a reduction from prior years - FY2014 (N=538) and FY2013 (N=690). Given the focus in reducing the use of seclusion across Colorado in recent years, this trend was anticipated. All seclusions reported in FY2015 occurred in a hospital setting.

The majority of unduplicated clients were Caucasian (63%), male (67%) and between the ages of 18 and 59 (65%) with a mean age of 30. Ethnicity and age data are below in Figures 11 and 12 respectively.

Figure 11. Ethnic distribution of unduplicated clients receiving seclusion, FY2014/FY2015.

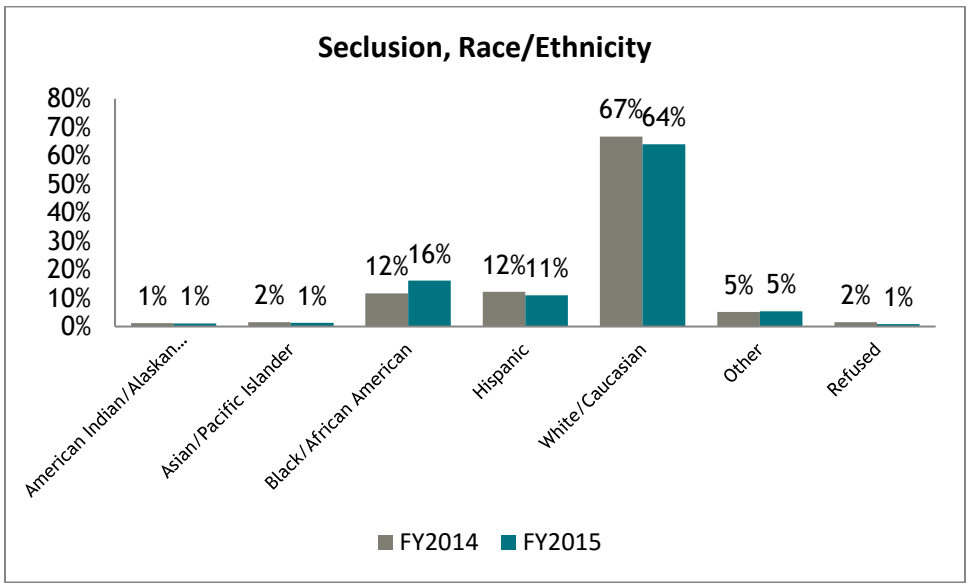
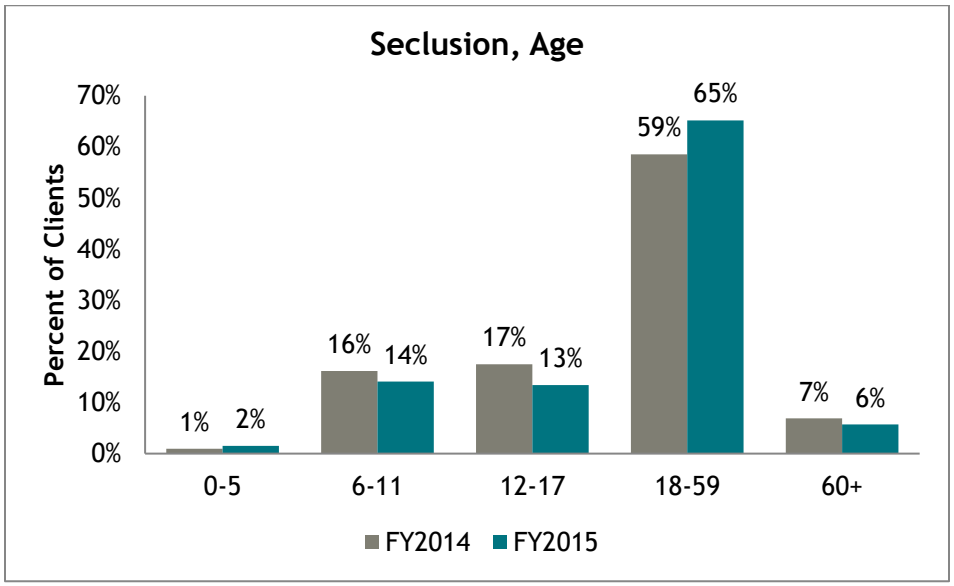



Figure 12. Age of unduplicated clients receiving seclusion, FY2014/FY2015.




Restraint

The number of individuals experiencing restraints reported during FY2015 was 3,872, a 9% reduction from FY2014 (N=4,273). Of those, 1,606 (41%) were unique clients. Restraints occurred in two facility types: hospitals (75%) and residential child care facilities (25%).

The majority of unduplicated clients were male (62%), Caucasian (60%), and between the ages of 18 and 59 (66%). Mean age for unduplicated clients receiving restraint was 30. Refer to Figures 13 and 14 for more detailed ethnicity and age data.

Figure 13. Ethnic distribution of unduplicated clients receiving restraint, FY2014/FY2015.

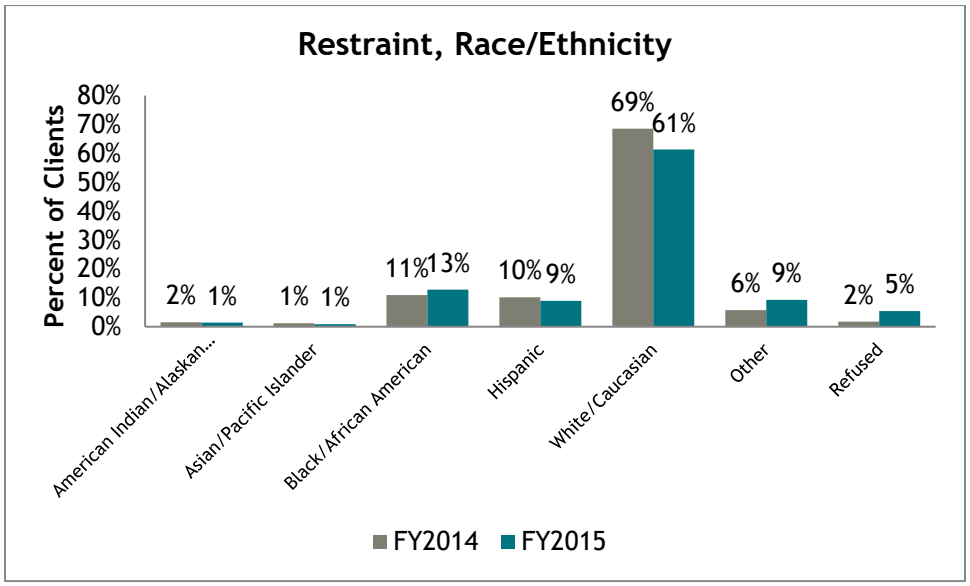
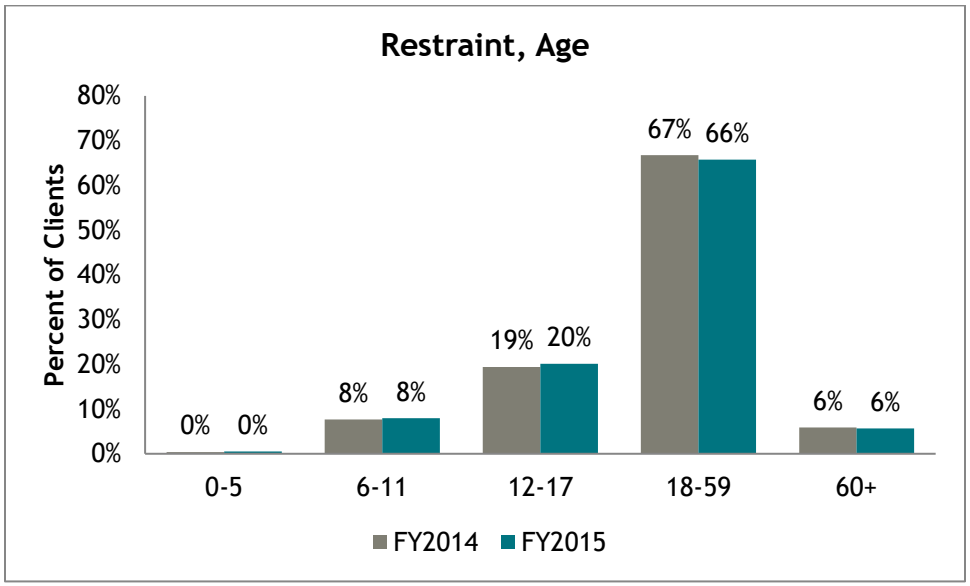



Figure 14. Age of unduplicated clients receiving restraint, FY2014/FY2015.




Seclusion and Restraint

During FY2015, 2,046 instances of seclusion and restraint were reported on 348 individuals. All seclusions and restraints occurred in hospitals. The majority of individual receiving seclusion and restraint were male (70%) and Caucasian (68%).

Sixty-six percent were between the ages of 18 and 59 with a mean age of 30. Refer to Figures 15 and 16 for further demographic data.

Figure 15. Ethnic distribution of unduplicated clients receiving seclusion and restraint, FY2014/FY2015.

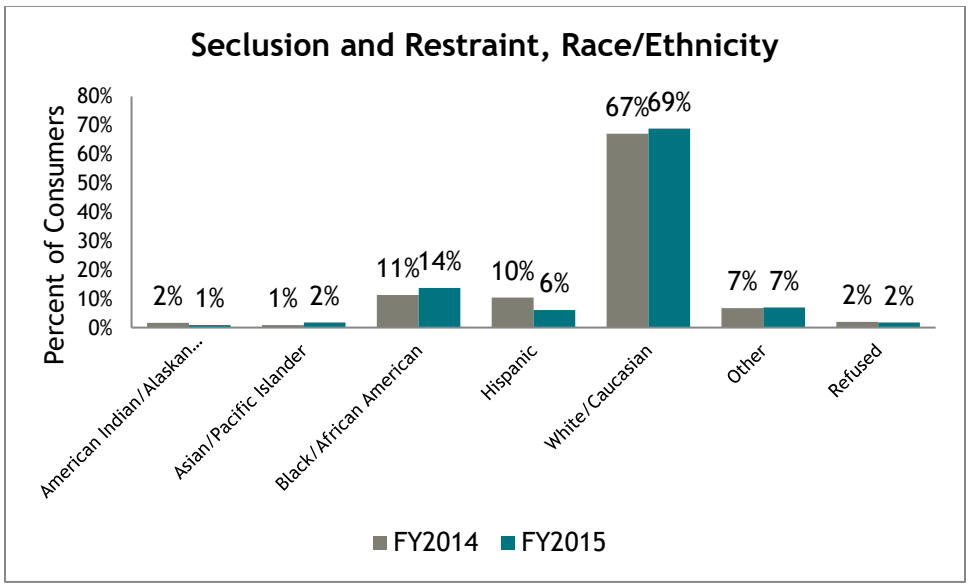
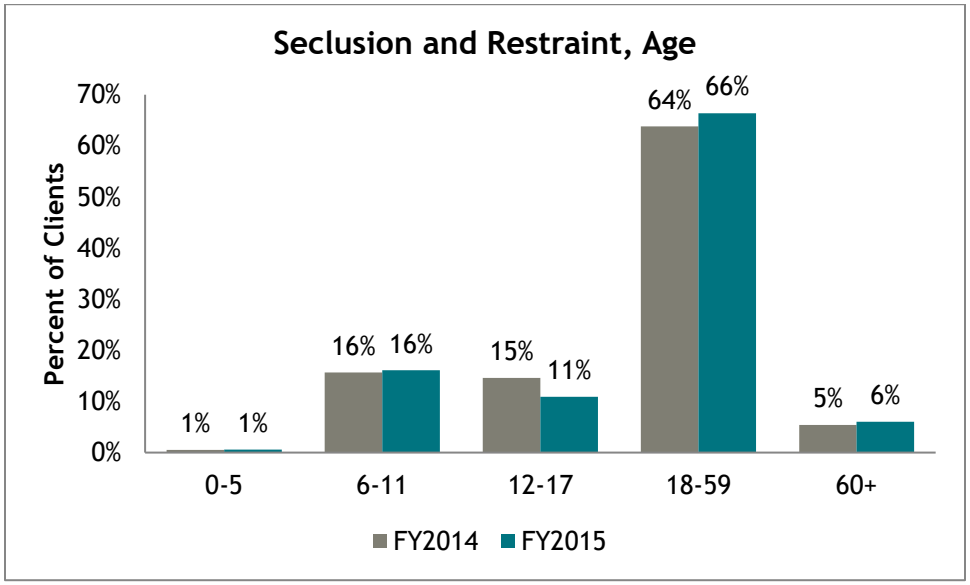



Figure 16. Age of unduplicated clients receiving seclusion and restraint, FY2014/FY2015.




Extended Seclusion and Restraint

In recent years, greater emphasis has been placed on shortening the amount of time an individual is subjected to seclusion or restraint. To that end, the Office completed analysis on long-term or extended seclusions and restraints to give providers and

stakeholders information on these types of procedures in Colorado.

Before analysis, outliers within a standard deviation of ±3 were removed. There were 13 unduplicated instances of extended seclusion, defined as lasting 24 hours or more. This represents a 54% decrease from FY2014 (*n*=26). For restraints, which were defined as lasting more than four hours, 167 unduplicated restraints were reported for FY2015, a 10% decrease from FY2014 (*n*=186). All extended seclusions and restraints occurred in hospital settings.

When looking at unduplicated instances of extended seclusion and restraint, demographic trends remained similar to the overall population. More men experienced an extended seclusion (*n*=7) or extended restraint (*n*=107), compared to women. Race and ethnicity data are in Figures 17 and 18.

Figure 17. Ethnic distribution of unduplicated clients receiving seclusion lasting 24 or more hours, FY2014/FY2015.

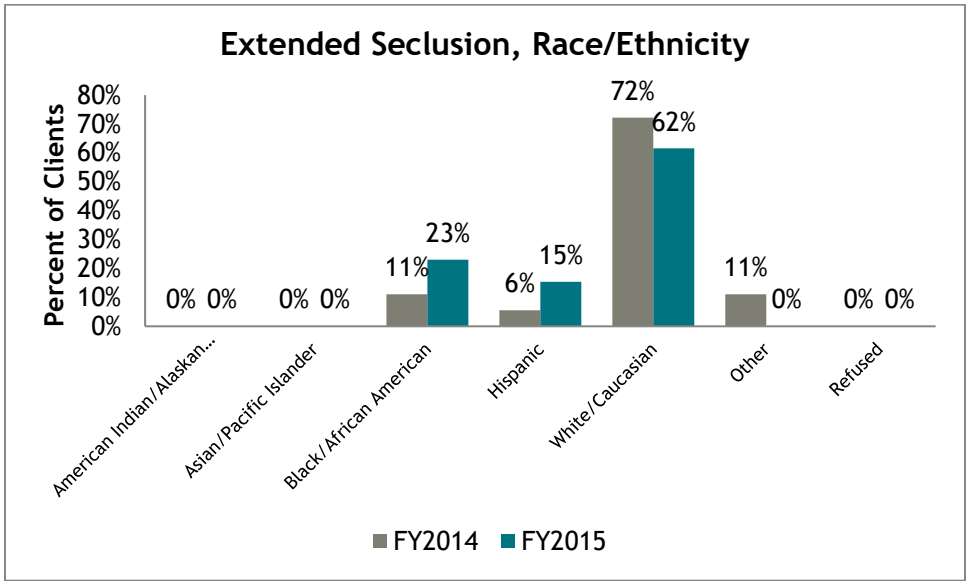
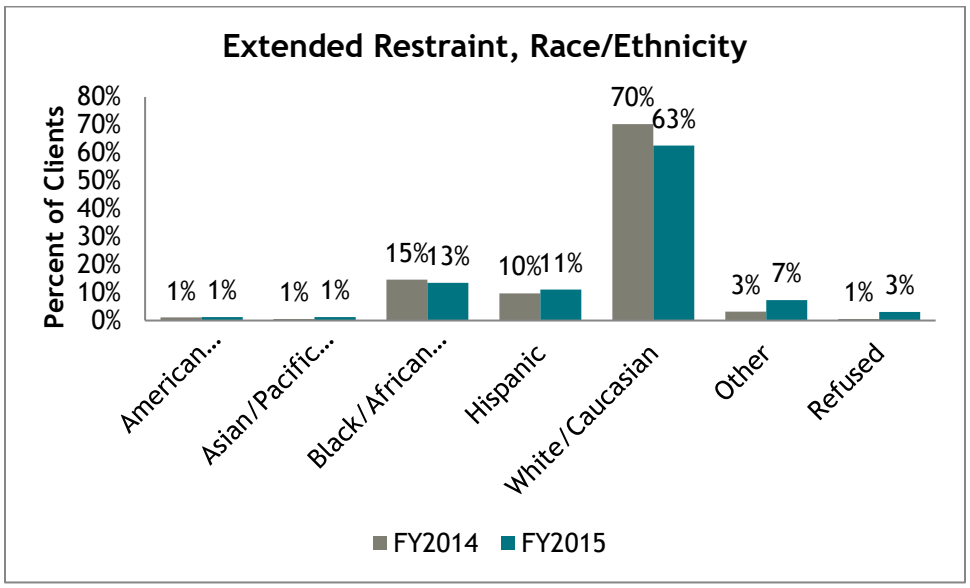


Figure 18. Ethnic distribution of unduplicated clients receiving restraint lasting four or more hours, FY2014/FY2015.

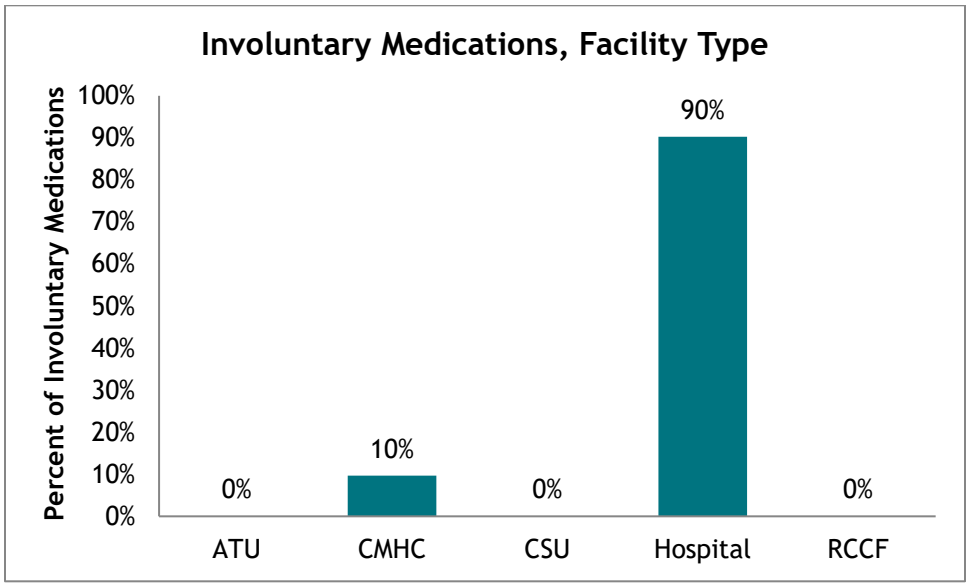



These data provide an opportunity for continued improvement in providers' handling of these procedures. Identifying outlying occurrences allows the Office to review charts and provide assistance for reducing the length of these procedures and rectifying improper data entry. Furthermore, these data allows 27-65 designated agencies the opportunity to address the use of seclusion and restraint within their quality improvement initiatives.

Involuntary Medications

There were 3,839 instances of involuntary medication orders during FY2015, with 62% of those administered on emergency order versus 38% ordered by the court. Involuntary medication orders occurred in hospital (90%) or Community Mental Health Center (10%) settings.

Figure 19. Involuntary Medications by Facility Type, FY2015




Of the unduplicated number of individuals administered involuntary medication (65%), the majority were Caucasian (69%) and male (58%). The mean age for clients receiving involuntary medications was 40. Please refer to Figures 20 and 21 for more detailed data on ethnicity and age.

Figure 20. Ethnicity of unduplicated clients receiving involuntary medication, FY2014/FY2015.

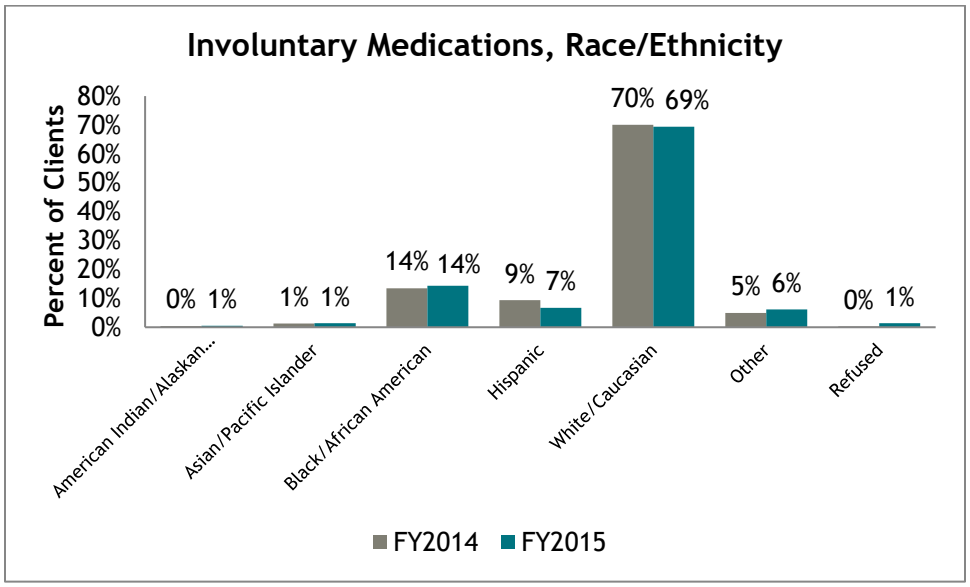
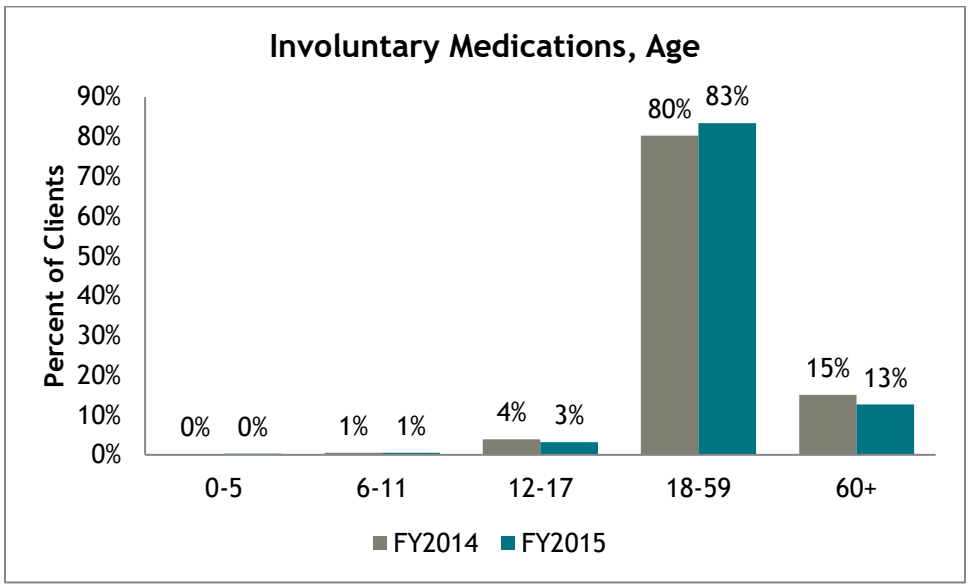


Figure 21. Age of unduplicated clients receiving involuntary medication, FY2014/FY2015.




Electroconvulsive Therapy (ECT)

There were 6,065 instances of ECT performed on 446 individuals during FY2015. Of the 446 unique individuals served, the majority were female (61%) and Caucasian (89%). The mean age of an ECT client was 50. Seventy-one percent were between 18 and 59, and 26% were 60 and older at the time of the ECT procedure.

Court-Ordered Imposition of Disability (ILD) and Deprivation of Right (DOR)

Data were provided from five facilities on court orders for imposition of legal disability (ILD) or deprivation of a right (DOR). Overall, 15 instances of these court orders were reported to the Office for FY2015, nine from Community Mental Health Centers and six from hospitals. ILDs and DORs reporting included denial to return home (*n*=11), right to sign benefits form (*n*=2), and unknown (*n*=2).

**RECOMMENDATIONS**

Below are three recommendations that aim to improve the data management process and improve the integrity of rights-restriction data in the future. The recommendations are as follows:

1. Enhance collaboration and communication with facilities in order to assist in understanding data variables. It is the Office's goal that such collaboration will expand facility feedback to improve the data collection process.
2. Obtain feedback from facilities about the data collection template to improve the tool and data collection. The Office's goal is to maintain a template that is easy to use by both facility personnel and data analysts.
3. Clarify criteria for inclusion of data from facilities. The Office's goal is to ensure a transparent process with clearly articulated criteria.
4. Review the type of data submitted to ensure that the data submitted meets

the planning needs of the state. The Office's goal is to continue to provide clear, specific, and timely feedback needed by facilities to improve data submissions in future years.

**SUMMARY**

This report reflects a number of successes, challenges and areas for growth. Data reporting continues to improve year over year, much to the credit of participating facilities. Training webinars have also been successful in helping facilities understand the data reporting process and allow for enhanced communication and collaboration between 27-65 designated facilities and the Office of Behavioral Health.

## APPENDIX A

DATA SUBMISSION BY FACILITY FOR FY2015 (N=71)

| Agency | Data Submitted and Included in Analysis | Did Not Submit Data |
|---|---|---|
| Arapahoe/Douglas Mental Health Network | X | |
| Arapahoe/Douglas Mental Health Network/Bridge House | X | |
| AspenPointe Behavioral Health Services | X | |
| Aurora Mental Health Center | X | |
| Boulder Community Hospital | X | |
| Castle Rock Adventist Hospital | X | |
| Cedar Springs Behavioral Health System | X | |
| Centennial Medical Plaza | X | |
| Centennial Mental Health Center, Inc. | X | |
| Centennial Peaks Hospital | X | |
| Children's Hospital Colorado | X | |
| Colorado Mental Health Institute - Ft. Logan | X | |
| Colorado Mental Health Institute - Pueblo | X | |
| Colorado West Psychiatric Hospital, Inc. | X | |
| Colorado Crisis Services | X | |
| Mind Springs, Inc. | X | |
| Community Reach Center | X | |
| Denver Health Medical Center | X | |
| Devereux Cleo Wallace | X | |
| Eating Recovery Center | X | |
| Exempla Lutheran Medical Center Senior Behavioral Health Unit | X | |
| Exempla St. Joseph's Hospital | X | |
| Exempla West Pines | X | |
| Haven Behavioral Hospital | X | |
| North Suburban Medical Center | X | |
| Presbyterian/St. Luke's Medical Center | X | |
| Rose Medical Center | X | |
| Swedish Medical Center | X | |

| Agency | Data Submitted and Included in Analysis | Did Not Submit Data |
|---|---|---|
| Swedish Emergency Department | X | |
| Highlands Behavioral Health System | X | |
| Jefferson Center for Mental Health | X | |
| Lighthouse ATU | X | |
| Longmont United Hospital | X | |
| Mental Health Partners | X | |
| Mental Health Center of Denver | X | |
| The Center for Mental Health | X | |
| North Range Behavioral Health | X | |
| North Range Behavioral Health - ATU | X | |
| Northeast Emergency Department | X | |
| Parker Adventist Hospital | X | |
| Northwest Emergency Department | X | |
| Parkview Medical Center | X | |
| Peak View Behavioral Health | X | |
| Penrose-St. Francis Health Services | X | |
| Porter Adventist Hospital | X | |
| Poudre Valley Hospital Mountain Crest | X | |
| Saddle Rock Emergency Department | X | |
| San Luis Valley Behavioral Health Group | X | |
| Sky Ridge Medical Center | X | |
| Southeast Mental Health Services | X | |
| Axis Health System | X | |
| Axis Health System – ATU | X | |
| Spanish Peaks Behavioral Health Centers | X | |
| Spanish Peaks Behavioral Health Centers – ATU | X | |
| St Francis Medical Center | X | |
| St Thomas More Hospital | X | |
| St. Anthony Hospital | X | |
| St. Mary-Corwin Medical Center | X | |
| Jefferson Hills – Aurora | X | |
| Jefferson Hills – Lakewood | X | |
| The Medical Center of Aurora | X | |

| Agency | Data Submitted and Included in Analysis | Did Not Submit Data |
|---|---|---|
| The Medical Center of Aurora Behavioral Health Services | X | |
| The Medical Center of Aurora Northeast | X | |
| The Medical Center of Aurora Emergency Department | X | |
| SummitStone Health Partners | X | |
| University of Colorado Hospital Emergency Department | X | |
| Veterans Affairs Medical Center - Denver | X | |
| Veterans Affairs Medical Center - Grand Junction | X | |
| Transitions at Mind Springs CSU | X | |
| St. Joseph's Hospital | X | |
| Solvista Health | X | |